
INFORMATIONAL LETTER NO. 2671-MC-FFS

DATE: April 8, 2025

TO: Iowa Medicaid Durable Medical Equipment (DME) Suppliers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS),
Iowa Medicaid

RE: Reimbursement for Lift Chairs – E0627

EFFECTIVE: Upon Receipt

This Informational Letter (IL) is intended to provide guidance on billing for the Reimbursement for Lift Chairs or code E0627 and the criteria for coverage:

A combination lift chair and mechanism is covered when:

- The chair is prescribed for a member with severe arthritis of the hip or knee, muscular dystrophy, or other neuromuscular disease, *and*
- the member can benefit therapeutically from use of the device, *and*
- the alternative would be chair or bed confinement, *and*
- a caregiver is not available to provide assistance as needed, *and*
- the member is completely incapable of standing up from a regular armchair or any chair in the member's home.
- The member can ambulate household distances in order to perform activities of daily living.
- Seat lift chairs are not covered for members who require a wheelchair in order to perform activities of daily living.

Clinical Advisory Committee (CAC) criteria is available for [power seat elevation](#)¹ and can be accessed on the [Iowa Department of Health and Human Services \(HHS\) website](#)².

When the mechanism is covered by Medicare, bill the chair component to Medicaid by using procedure code E0627 with the “CG” modifier after Medicare has paid the claim for the mechanism. Documentation of medical necessity is not required with the Medicaid claim when Medicare has paid for the mechanism. **The Medicare Explanation of Benefits (EOB) is not required to be attached to the claim as long as lift chairs are considered non-covered by Medicare. Additionally, while lift chairs are considered non-covered by Medicare, lift chairs are exempt from [IL No. 2157-MC-FFS](#)³ for Medicare dual-eligible members.**

For members who do not have Medicare coverage:

Bill procedure code E0627 with one of the following modifiers: NU, UE or RR. These modifiers are required, or the claim will deny.

The following documentation must also be submitted with the claims:

- A completed form CMS-849, [Certificate of Medical Necessity—Seat Lift Mechanisms](#)⁴.
- A physical therapy, occupational therapy, or physician evaluation, if there is any question regarding the member’s ability to ambulate or rise from any chair in the home. Example: Member owns a wheelchair.

If you have questions, please contact Iowa Medicaid Provider Services or the appropriate Managed Care Organization (MCO):

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: imeproviderservices@hhs.iowa.gov

Managed Care Organizations (MCOs):

Iowa Total Care:

- Phone: 1-833-404-1061
- Email: providerrelations@iowatotalcare.com
- Website: <https://www.iowatotalcare.com>

¹ <https://hhs.iowa.gov/media/7240/download?inline>

² <https://hhs.iowa.gov/advisory-groups/clinical-advisory-committee-cac>

³ <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=62a29c2b-cfe3-45fa-a892-4831beaaf4b5>

⁴ <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS849.pdf>

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: iaproviderrelations@molinahealthcare.com
- Website: <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
- Provider Portal: <https://www.availity.com/molinahealthcare>

Wellpoint Iowa, Inc.:

- Phone: 1-833-731-2143
- Email: ProviderSolutionsIA@wellpoint.com
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>